

C I R C U L A R

Re: Renewal of Staff Group Medclaim Policy for FY 2026-27

This is to inform that Staff Group Medclaim Policy has been approved by the Competent Authority as per the following terms and conditions received from GIPSA w.e.f. 1st April 2026:

1. Eligible Sum Insured under Staff Group Medclaim Policy

Consequent upon the revision in pay scales under the General Insurance (Rationalization of Pay Scales and Other Conditions of Service of Officers) Amendment Scheme, 2026 along with DFS approved revisions to allowances and benefits, the revised basic pay ranges for various categories of eligible sum insured under the Staff Group Medclaim Policy are as follows:

Eligible SI	Existing Basic Pay Range (INR)	Revised Basic Pay Range (INR)
INR 8,00,000/-	Less than 67,265/-	Less than 1,08,965
INR 10,00,000/-	Between 67,265/- to 85,925/-	Between 1,08,965 to 1,39,185
INR 15,00,000/-	Above 85,925	Above 1,39,185

2. Premium Structure – Annexure A with premium rate charts for serving/retired employees and the family members is enclosed.

- a. The Premium for the Serving Employees, spouse of serving employees, family members (dependent children and their spouses and children) of serving employees and parents/parents-in-law of serving employees will be increased by 10%.
- b. The premium for Retired Employees, spouse of retired employees, family members (dependent children and their spouses & children) of retired employees and parents/parents-in-law of retired employees will be increased by 10%.
- c. Premium for independent family members, i.e. independent children and their spouses and children of serving and retired employees will remain unchanged.

The Competent Authority has approved incorporation of various enhancements and modifications under the Staff Group Medclaim Policy for the FY 2026-27 as provided below:

1. Increase in Room Rent Eligibility

The limits for room rent eligibility have been enhanced as under:

भारतीय साधारण बीमा निगम
(भारत सरकार की कंपनी)

General Insurance Corporation of India

(Government of India Company)

CIN NO.: L67200MH1972GOI016133 IRDA REGN No.: 112

“सुरक्षा”, 170, जे. टाटा रोड, चर्चगेट, मुंबई - 400 020.

“SURAKSHA”, 170, J. Tata Road, Churchgate, Mumbai - 400 020. INDIA Tel.: +91-22-2286 7000
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Category	Existing Limits	Revised Limits
'A' Class Cities	1% of SI upto INR 10L & 0.5% of SI beyond INR 10L (max. INR 15,000/-)	1% of SI upto INR 10L & 0.5% of SI beyond INR 10L (max. INR 17,000/-)
Other Cities	0.75% of SI upto INR 10L & 0.5% of SI beyond INR 10L (max. INR 12,500/-)	0.75% of SI upto INR 10L & 0.5% of SI beyond INR 10L (max. INR 14,000/-)

2. Increase in limits of Maternity Benefits

The limits for Maternity Benefit shall be increased as under:

Category	City	Existing Limits	Revised Limits
Normal Delivery	'A' Class Cities	INR 50,000/-	INR 60,000/-
	Other Cities	INR 40,000/-	INR 55,000/-
Caesarean Delivery	'A' Class Cities	INR 1,00,000/-	INR 1,20,000/-
	Other Cities	INR 65,000/-	INR 85,000/-

Further, it is decided to introduce a waiting period for maternity benefits in respect of an independent child or a family member of a dependent/independent child. Maternity Benefit shall be admissible only after completion of one year from the date of their inclusion in the policy. This waiting period of one year for maternity benefits shall be applicable for those members who will be enrolled in the policy on or after 01.04.2026.

3. Rewording of Maternity Benefit Cover

The wording of the Maternity Benefit provision has been revised. Earlier, maternity coverage was admissible up to the first two deliveries or terminations of pregnancy during the lifetime of the insured person. The provision has now been revised to clarify that maternity benefit shall be admissible only for the first two living children.

Accordingly, maternity claims arising between the birth of the first living child and the birth of the second living child, including medically necessary termination of pregnancy on the advice of a qualified gynaecologist, shall remain admissible. However, no maternity benefit shall be payable after the birth of the second living child.

This amendment is intended to bring clarity and uniformity in the application of maternity benefits under the policy. The wording is enclosed as **Annexure B**.

4. Extending the Company contribution to twins in case of second delivery

It has been decided that Company contribution shall be extended in cases where twins are born during the second delivery, subject to the terms and conditions of the policy.

5. Increase in Medical Check-up Limits

The medical check-up, which is allowed once after every block of four claim-free years, has been enhanced from 1% of the Average Family Sum Insured or a maximum of INR 5,000/-

(whichever is lower) to 1% of the Average Family Sum Insured or up to INR 10,000/- (whichever is lower).

6. Reimbursement towards transportation of Mortal Remains

A provision has been introduced for reimbursement up to INR 5,000/-, towards transportation of mortal remains from hospital to residence/funeral home in case of death of the insured person during treatment under the policy.

7. Expenses relating to Diagnostic Tests without Hospitalization

Provision has been made for reimbursement of expenses for approved diagnostic tests undertaken without hospitalization, subject to prescribed sub-limits per insured member and an overall limit of 1% of Sum Insured or INR 20,000/- per family per policy year, whichever is less, within the overall Sum Insured. These tests shall be payable only when recommended by an MD or equivalent qualified doctor (waived in case of Government Hospital prescription) and shall be admissible once per insured member per test during the policy period. The wording is enclosed as *Annexure C*.

8. Restoration of Sum Insured on Exhaustion (for SI INR 25 lacs and above)

A provision has been introduced for restoration of Sum Insured, whereby in the event of partial or complete exhaustion of the Sum Insured due to settlement of a claim during the policy period, the Sum Insured will be restored. This benefit has been made available to insured persons having Sum Insured INR 25 lakhs and above. The detailed policy wordings governing this benefit are attached herewith as *Annexure D*.

9. Sum Insured Modification Options

It has been decided that only enhancement of Sum Insured shall be permitted to any higher slab. This option shall be applicable uniformly to both serving and retired employees.

No reduction in Sum Insured shall be permitted as facility of restoration of Sum Insured is being introduced. However, decrease in the Optional Sum Insured to the immediately lower slab shall be allowed only in the event of a reduction in family size due to the death or exit of an insured family member from the Scheme.

10. Issuance of Mediclaim Coverage Certificate in cases where an employee serving/retired opts to exclude Independent Children and their family (Spouse and Children) from the Staff Group Mediclaim Policy

GIPSA has advised to provide Mediclaim coverage certificate for continuity benefits in cases where an employee serving/retired opts to exclude Independent Children and their family (Spouse and Children) from the Staff Group Mediclaim Policy. This Mediclaim certificate will enable the employee to get Continuity benefits of Mediclaim coverage while

shifting the Mediclaim coverage from staff Group Mediclaim policy to Individual/Floater Mediclaim policy for their independent Children & their family (spouse and children). It may kindly be noted that once the Independent Children and their families go out of the Staff Group Mediclaim Policy, they cannot be included in this policy again.

11. Clarification on Mid-term inclusion of Newly wed spouse and Newborn baby in Staff Group Mediclaim Policy and Time limit to enroll spouse and dependent / independent parent-in-laws by a newly married employee

It is decided that a newly married employee may enroll the spouse, dependent/independent parents-in-law, and newborn child under the Staff Group Mediclaim Policy within 90 days from the date of marriage (for spouse and parents-in-law) or from the date of birth (for newborn child). The same time limit is also allowed for enrollment of spouse and newborn child of already covered dependent/independent children of employee (serving/retired).

Delays in submission of application beyond the prescribed time limits may be condoned by the General Manager (HR) as per the prevailing guidelines, in genuine and deserving cases, based on the merits of each case, subject to the condition that such condonation is allowed only up to the next policy renewal period subject to:

- Full renewal premium covering the period of break is to be collected.
- Claim occurred during the period of break in cover is not payable.
- The cover will commence from the date of payment of renewal premium.

Instructions for Retired Employees: Retired employees will receive premium details for their existing Sum Insured via email. In case they wish to opt for a higher Sum Insured under the SI modification option or exclude any independent children and their family (spouse and children) under the exclusion option, they are requested to email anilat@gicre.in and HR_Mediclaim_Section@gicre.in, upon which revised premium details will be shared. The annual premium may be remitted either online or by cheque **on or before 20th April 2026**, along with submission of the life certificate.

All other terms and conditions of the policy remain the same.

(Manali Patke)
General Manager

Annexure A

**Staff Group Mediclaim Policy of GIPSA Member Companies - Premium Rates w.e.f.
01.04.2026**

A-1. Premium applicable for Serving Employee							
S.I. / Age	Upto 35	36-45	46-55	56-65	66-70	71-75	Above 76
8 Lacs	18459	18695	25744	26670	29895	32411	41324
10 Lacs	19329	19578	26960	27929	31306	33941	43275
12 Lacs	20690	20956	28858	29895	33510	36329	46321
15 Lacs	21598	21875	30124	31207	34980	37922	48352
20 Lacs	22959	23255	32023	33172	37184	40314	51400
25 Lacs	24968	25290	35225	36490	41367	44850	57182
30 Lacs	26736	27081	38042	39408	45048	48840	62272
35 Lacs	28182	28545	40348	41796	48061	52106	66436
40 Lacs	29387	29766	42270	43788	50571	54827	69904
50 Lacs	30995	31395	44832	46441	53918	58457	74531

A-2. Premium applicable for Spouse of Serving Employee							
S.I. / Age	Upto 35	36-45	46-55	56-65	66-70	71-75	Above 76
8 Lacs	7384	7478	10298	10668	11958	12965	16530
10 Lacs	7732	7830	10784	11172	12522	13576	17309
12 Lacs	8276	8383	11544	11958	13405	14531	18529
15 Lacs	8639	8749	12050	12482	13991	15169	19340
20 Lacs	9184	9302	12809	13269	14874	16126	20559
25 Lacs	9987	10115	14089	14595	16548	17940	22873
30 Lacs	10694	10832	15218	15763	18019	19537	24909
35 Lacs	11272	11419	16140	16719	19224	20842	26573
40 Lacs	11755	11907	16909	17515	20229	21931	27963
50 Lacs	12398	12557	17933	18577	21566	23382	29813

A-3. Premium applicable for Family Member (Dependent children & spouse and children) of Serving Employee

S.I. / Age	Upto 35	36-45	46-55	56-65	66-70	71-75	Above 76
8 Lacs	4614	4673	6436	6668	7475	8102	10332
10 Lacs	4832	4895	6740	6983	7827	8485	10820
12 Lacs	5172	5240	7215	7475	8378	9082	11581
15 Lacs	5399	5469	7532	7802	8746	9481	12089
20 Lacs	5741	5814	8006	8293	9296	10079	12851
25 Lacs	6241	6323	8807	9123	10342	11213	14295
30 Lacs	6684	6770	9511	9852	11261	12211	15568
35 Lacs	7046	7137	10087	10450	12016	13026	16608
40 Lacs	7346	7443	10568	10947	12643	13707	17476
50 Lacs	7748	7848	11208	11610	13480	14613	18632

A-4. Premium applicable for Parents / Parents-in-law of Serving Employee

S.I. / Age	Upto 35	36-45	46-55	56-65	66-70	71-75	Above 76
8 Lacs			14159	14669	16442	17826	22728
10 Lacs			14828	15361	17218	18668	23801
12 Lacs			15872	16442	18430	19982	25478
15 Lacs			16569	17164	19238	20858	26593
20 Lacs			17613	18244	20450	22174	28270
25 Lacs			19374	20070	22751	24668	31451
30 Lacs			20924	21675	24777	26863	34250
35 Lacs			22192	22989	26432	28658	36539
40 Lacs			23248	24083	27814	30154	38448
50 Lacs			24657	25542	29654	32151	40992

B-1. Premium applicable for Retired Employee / Spouse of Deceased Employee

S.I. / Age	Upto 35	36-45	46-55	56-65	66-70	71-75	Above 76
8 Lacs	18459	18695	25744	26670	29895	32410	41325
10 Lacs	19329	19578	26960	27929	31306	33941	43275
12 Lacs	20690	20956	28859	29895	33510	36330	46321
15 Lacs	21599	21876	30124	31207	34980	37923	48353
20 Lacs	22958	23255	32022	33173	37184	40314	51401
25 Lacs	24968	25290	35224	36490	41368	44850	57182
30 Lacs	26737	27081	38042	39408	45048	48840	62272
35 Lacs	28182	28545	40348	41797	48061	52107	66436
40 Lacs	29388	29766	42270	43788	50570	54827	69904
50 Lacs	30995	31395	44832	46441	53918	58456	74531

B-2. Premium applicable for Spouse of Retired Employee

S.I. / Age	Upto 35	36-45	46-55	56-65	66-70	71-75	Above 76
8 Lacs	7383	7478	10297	10668	11958	12965	16530
10 Lacs	7732	7831	10784	11172	12521	13576	17310
12 Lacs	8275	8383	11543	11958	13405	14531	18528
15 Lacs	8638	8749	12049	12482	13991	15169	19340
20 Lacs	9184	9302	12810	13269	14874	16126	20559
25 Lacs	9987	10116	14090	14596	16547	17940	22872
30 Lacs	10694	10832	15217	15763	18019	19537	24910
35 Lacs	11272	11418	16140	16719	19224	20842	26574
40 Lacs	11755	11906	16909	17515	20229	21931	27963
50 Lacs	12398	12558	17933	18577	21566	23383	29813

B-3. Premium applicable for Family Member (Dependent Children & their Spouses and Children) of Retired Employee

S.I. / Age	Upto 35	36-45	46-55	56-65	66-70	71-75	Above 76
8 Lacs	4615	4673	6436	6668	7475	8103	10331
10 Lacs	4832	4895	6740	6983	7827	8484	10820
12 Lacs	5172	5240	7216	7475	8378	9082	11581
15 Lacs	5399	5469	7532	7802	8746	9481	12089
20 Lacs	5741	5814	8006	8294	9296	10079	12850
25 Lacs	6241	6324	8807	9123	10342	11213	14295
30 Lacs	6685	6771	9511	9853	11261	12210	15568
35 Lacs	7046	7137	10087	10450	12015	13026	16609
40 Lacs	7346	7443	10568	10946	12643	13707	17476
50 Lacs	7748	7849	11208	11609	13479	14614	18632

B-4. Premium applicable for Parents / Parents-in-law of Retired Employee

S.I. / Age	Upto 35	36-45	46-55	56-65	66-70	71-75	Above 76
8 Lacs			14159	14669	16442	17826	22728
10 Lacs			14828	15360	17218	18668	23801
12 Lacs			15872	16442	18431	19982	25477
15 Lacs			16569	17164	19238	20858	26594
20 Lacs			17613	18245	20450	22174	28270
25 Lacs			19374	20070	22751	24668	31450
30 Lacs			20924	21676	24776	26863	34251
35 Lacs			22191	22989	26432	28658	36539
40 Lacs			23249	24083	27815	30154	38448
50 Lacs			24657	25542	29654	32151	40992

C-1. Premium applicable for Family Member Independent Children & their Spouses & Children of Serving & Retired Employee

S.I. / Age	Upto 35	36-45	46-55	56-65	66-70	71-75	Above 76
8 Lacs	5034	5098	7021	7275	8154	8839	11271
10 Lacs	5272	5340	7353	7618	8538	9256	11803
12 Lacs	5642	5716	7871	8154	9139	9908	12634
15 Lacs	5890	5966	8217	8511	9541	10342	13188
20 Lacs	6262	6342	8733	9047	10142	10996	14019
25 Lacs	6808	6898	9607	9952	11282	12232	15595
30 Lacs	7292	7386	10376	10748	12285	13321	16983
35 Lacs	7686	7786	11004	11400	13108	14210	18118
40 Lacs	8014	8119	11528	11942	13793	14953	19064
50 Lacs	8453	8562	12226	12665	14705	15942	20326

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Annexure B

Maternity Benefit

The special conditions applicable to Maternity Expenses Benefit Scheme are:

1. These benefits are admissible only if the treatment is taken in hospital / nursing home as in-patient in India.
2. Claim in respect of only first two children and/or operations associated therewith are admissible. Those already having two or more living children will not be eligible for this benefit.
3. Delivery, miscarriage or abortion induced by accident or other medical emergency irrespective of the period from the date of conception are covered.
4. Expenses incurred in connection with voluntary medical termination of pregnancy during the first twelve weeks from the date of conception are not covered.
5. Pre-natal and post-natal expenses are not covered unless admitted in Hospital/Nursing Home and treatment is taken there.

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Expenses incurred in connection with voluntary medical termination of pregnancy during the first twelve weeks from the date of conception are not covered.

In case of mis-carriage / abortion induced by accident or any other medical emergency and consequent hospitalization for the purpose, the expenses would be admitted up to the limits of the hospitalization benefits (not under the Maternity expenses benefits extension) even though such mis-carriage / abortion takes place after the first two living children.

Pre-natal and post-natal expenses are not covered unless admitted in Hospital/Nursing Home and treatment is taken there. It means pre and post expenses pertaining only to hospitalization for a specific period / treatment before or after delivery is payable. The hospitalization expenses of the actual delivery is payable.

Meaning of First Two Children

The Maternity benefit is admissible for two living children.

If the first child is a living child and the second pregnancy results into involuntary medical termination of pregnancy (upon medical advice of a gynaecologist) and thereafter the third delivery results in a living child, the benefit shall be payable as per following:

1. In the first case for delivery of first child
2. In the second case for medical termination of pregnancy / abortion as the case may be
3. In the third case for delivery of the second living child.

This means that between the birth of first living child and the birth of second living child, involuntary medical termination of pregnancies / abortion would be payable / admissible, provided the same are necessitated to save one's life upon the advice of a gynaecologist.

Annexure C

Expenses relating to Diagnostic Tests without Hospitalization

Following Diagnostic Tests without hospitalization shall be covered subject to the following:

1. MRI charges
 2. Contrast MRI charges
 3. CT Scan charges
 4. Contrast CT scan/Angio CT charges
 5. Sonography charges (Excluding maternity related)
 6. Biopsy
 7. Gastroscopy
 8. Colonoscopy
 9. Holter Monitor Test
 10. PET Scan charges
- Reimbursement of expenses shall be admissible only for the specified diagnostic tests and no equivalent or alternative diagnostic test shall be considered for this purpose.
 - The maximum reimbursable amount under this benefit shall be 1% of Sum Insured or INR 20,000 per family per policy year, whichever is less, within the overall Sum Insured.
 - For reimbursement, the diagnostic tests must be recommended by an MD doctor or a doctor with equivalent qualification and must be supported by valid documents and certification indicating the present medical complaints necessitating the tests.
 - However, where the tests are recommended through a prescription issued by a Government Hospital, the above qualification requirement may be waived.
 - Expenses incurred without hospitalization shall be payable only once per insured per specified diagnostic test during the policy period.

Annexure D

Restoration of Sum Insured

1. This benefit shall be applicable only to insured members who have opted for Sum Insured of INR 25 Lakhs or above under the Staff Group Mediclaim Policy.
2. If the Sum Insured is partially or completely exhausted due to claims admitted (paid or accepted as payable) during the Policy Period, a Restored Sum Insured equal to 100% of the Base Sum Insured shall be automatically and immediately made available for the same Policy Period.
3. The Restored Sum Insured will be available only once to the whole family on floater basis during a Policy Period.
4. Such restored Sum Insured can be utilized only for illness / disease unrelated to the illness(es) / disease(s) for which claim(s) was / were made for the same insured person.
5. If the Restored Sum Insured is not utilized in a Policy Period, it shall not be carried forward to any subsequent Policy Period.
6. The restored Sum Insured shall be subject to all existing policy terms, exclusions, sub-limits, and waiting periods as applicable under the Staff Group Mediclaim Policy.
7. The decision of the Competent Authority regarding admissibility of claims under the restoration benefit and interpretation of these provisions shall be final and binding.

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